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For action

Country programme recommendations**

Central Asian republics and Kazakhstan

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1999 contains the final country programme recommendations for Board approval.

The Executive Director *recommends* that the Executive Board approve:

(a) The country programmes of the Central Asian republics and Kazakhstan for the period 2000 to 2004 in the amount of $26,976,000 from general resources, subject to the availability of funds, and $25,250,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $278,515 to fund the approved country programme of Uzbekistan for the period 1995 to 1999 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

* E/ICEF/1999/15.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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Introduction

1. The transition continues to bring rapid changes to the lives of people in Central Asia (Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) and Kazakhstan. Some changes, including a wider choice of goods and services, greater access to information and increased use of cost-effective approaches such as revised vaccination calendars, are positive. However, despite progress in health and education reform, no single country has yet identified a way to sustain quality services for children. The lack of resources, inflation and unemployment are the major causes of hardship. Income inequality, a marked feature of transition, has left large population groups vulnerable to malnutrition and illness. The contraction of social safety nets imposes an immense pressure on the survival capacities of families.

2. In spite of different transition patterns and a variety of strategies, the Central Asian republics and Kazakhstan have not yet greatly diverged from the shared legacy of social and administrative systems. The emerging cross-country integration and Governments' direct requests enable UNICEF to continue to respond to the needs of children and women with area-wide programme strategies. Such flexible approaches allow the countries to gain from experience exchange and to coordinate actions in the areas of maternal and child development and health, education and the socialization of children and adolescents, children's rights and social policies. The area framework also allows UNICEF to achieve cost savings in the management of country programmes.

3. The recommendations on strategies and approaches for new cooperation programmes for each country, as well as the area-wide and cross-country policies presented in this document, have been agreed upon at formal consultations and technical meetings with Governments in each country and other main programme partners, including United Nations agencies, national and international non-governmental organizations (NGOs) and bilateral donors.

The situation of children and women

4. Infant mortality is decreasing throughout the area. However, overall, the rates are still relatively high for the region — with national estimates for 1997 ranging from around 23 per 1,000 live births in Uzbekistan to 38 in Turkmenistan. Children still die from acute respiratory infections (ARI), varying from one third to one half of all infant deaths. Much remains to be done in terms of primary prevention and the quality of health services. Perinatal conditions, the second major cause of infant mortality, imply problems in delivery care. Diarrhoeal diseases remain an important cause of morbidity and mortality in young children.

5. Solid achievements have been made in infant vaccination — generally vaccination coverage achieved 95 per cent or more. In recent years, a major diphtheria epidemic has been controlled, measles incidence and mortality have been greatly reduced, and poliomyelitis has been reduced to only one case in 1997 and to zero cases in 1998.

6. Maternal health does not yet show signs of improvement. Across the area, maternal mortality remains high, ranging, according to 1997 government statistics, from 29 per 100,000 live births in Uzbekistan to 77 in Kazakhstan. Mothers still die from haemorrhages, infections and toxaemia. Abortion is still the primary method of birth spacing. The poor quality of obstetric care also contributes significantly to maternal mortality.

7. Maternal and child malnutrition are serious problems, with over 10 per cent of young children acutely malnourished. A 1996 demographic and health survey found that in Uzbekistan, almost one third of children below three years of age were stunted. Another study established that 70 per cent of the population of Kazakhstan have an inadequate calorie intake, and the diet of almost 50 per cent of the population lacks sufficient protein. Iron deficiency is another threat to the health of mothers and children. Throughout the area, around 60 per cent of pregnant women are anaemic, resulting in serious consequences for the child. Breastfeeding practices are not optimal — often less than 10 per cent of newborns are breastfed exclusively for four months, and most are given supplementary food before that time.

8. Education and health budgets continue to be under stringent pressure. In Kyrgyzstan and Tajikistan, health and education expenditure fell by 70-80 per cent in real terms between 1990 and 1995. All five countries face serious problems in attracting qualified teachers to enter and remain in the profession. Paper and funds for the production of textbooks, as well as teaching and learning materials at the primary level, are in short supply. The physical condition of many schools has deteriorated below acceptable levels. Declining teacher motivation, discontinuation of in-service teacher training and growing drop-out rates also aggravate the problems. Due to closures and the introduction of

charges, enrolment in pre-school systems continues to shrink rapidly, and alternative community- and home-based child care systems have so far been introduced only on a very limited scale.

9. The need for long-term policies to enhance the rights of children is underlined by the growing numbers of children and young people in need of special protection measures. Support to the emerging organs of civil society is necessary to nurture the enabling environment for children's rights to be fulfilled. Such needs would include not only information dissemination, and preventive and rehabilitative services, but also measures that establish comprehensive child development strategies in relation to child labour, juvenile justice, juvenile prostitution and children living on the streets. Health and lifestyles are further areas of risk for youth. While the prevalence of drug and alcohol abuse and smoking is not uniform, there are indications that it is rising in urban areas such as Bishkek and Almaty. Associated with this is the rising prevalence of sexually transmitted diseases (STDs) and HIV/AIDS.

10. The contraction of the Aral Sea has dislocated the economies of the adjacent agricultural areas. Air pollution in industrial zones and water contamination through excessive use of chemicals exacerbate the situation and underlie many basic health problems. Furthermore, system breakdowns and growing shortages of water treatment chemicals make an already difficult situation worse.

11. Increasing emigration and internal migration resulting from war, environmental degradation and unemployment have resulted in the separation or break-up of many families. At a minimum, one out of four children in urban areas live in single-parent households.

12. The economy of *Kazakhstan*, which was not seriously affected by the Russian rouble crisis of late 1998, has achieved a measure of stability. However, poverty prevails. In 1996, nearly one third of the population have difficulty to afford the basic "food basket". The Semipalatinsk nuclear site, with 450 nuclear tests in the 40 years to 1989, affected more than 2 million people. While the health implications are still being investigated, it is agreed that economic problems such as the displacement of agriculture have affected the region.

13. Decentralized programmes for the control of diarrhoeal diseases and ARI have played a positive role in reducing child mortality. Kazakhstan is on track to achieve certification of polio eradication by 2000. Emerging health problems in need of attention include significant increases in hepatitis, the resurgence of tuberculosis and elevated levels of STDs. According to the surveys, the incidence of syphilis has risen from 1 to 231 per 100,000 population from 1990 to 1996. There has also been a dramatic increase in the number of HIV/AIDS cases in Karaganda associated with drug abuse. Iron deficiency anaemia is widespread, but national-level initiatives are under way to address the problem.

14. Economic restructuring in *Kyrgyzstan* has weakened social support mechanisms and basic services. Health and education budgets have fallen dramatically, and social subsidies for these services have been successively devalued in real terms. Due to inflation, accelerated by the Russian rouble crisis in 1998 and unemployment, an increasing number of families (more than 42 per cent) fall below the poverty line. Although the country is heavily dependent on food imports, agricultural production grew, accounting for almost 47 per cent of the gross domestic product, while industry contributed some 12 per cent. Almost 1 million internal migrants have relocated from economically depressed rural areas since independence.

15. During 1997–1998, the country maintained over 90 per cent coverage of the expanded programme on immunization (EPI), and no cases of polio have been reported over the past five years. However, Kyrgyzstan has high levels of micronutrient deficiencies, with a recorded 43 per cent of women identified as anaemic, and rising levels of iodine deficiency disorders (IDD) among children, especially those living at high altitude. In rural areas, access to safe water and adequate sanitation is very limited. Education officials have convincing evidence of sharply rising school drop-out rates and are keen to develop the education information management systems required to assess and respond to this situation.

16. Like the rest of the area, mountainous *Tajikistan*, poorest of the newly independent States, faces rapidly widening gaps in the distribution of wealth. Peace and security remain fragile, although the peace agreement reached between the Government and United Tajik Opposition in 1997 remains intact. The absence of any inward investment has prolonged the economic crisis caused by the civil war, and the transition process is hesitant. Families face a daily struggle to survive, and declining services have affected the vast majority of the population classified as vulnerable.

17. The lack of resources has caused a resurgence of health problems which have been absent from Tajikistan for many years. Recent outbreaks of diphtheria have been brought under control, but typhoid and malaria remain threats. The exodus of large numbers of teachers to find better paying work, and high unemployment, mean that education is

becoming less attractive; and school attendance is falling, as children are pressed to help their families cope.

18. While *Turkmenistan* enjoys major oil and natural gas reserves, it is seriously constrained by limited export routes; those which are available do not offer easy access to hard-currency markets. Thus, the economy faces an uncertain future. Budgetary allocations for social development reflect these constraints, with just 2 per cent of the rural population enjoying access to safe sanitation.

19. Turkmenistan mirrors the other countries in the area, recording a falling infant mortality rate, but with a maternal mortality rate still at a high level of close to 60 maternal deaths per 100,000 live births in 1996. The northern regions of the country have felt the impact of the Aral Sea disaster, and salination of water sources is a serious problem.

20. *Uzbekistan* is endowed with gas, oil and precious metals, but so far economic trends have been uncertain, reflected by a recent fall-off in foreign investments. The shared border with Afghanistan and Tajikistan raises concerns about national security. Inflation poses a threat to the maintenance of social services, endangering the capacity to respond to the needs of the most vulnerable parts of the population, including children.

21. Although EPI coverage is very high, and no cases of polio have been reported since 1996, there are widespread micronutrient deficiencies. The Government, supported by the international community, introduced additional measures in 1995–1996 to bring the diphtheria epidemic under control. Uzbekistan faces a serious challenge in trying to maintain an education system with severely constrained funding, unable to upgrade school infrastructure — even when lacking safe water supply or adequate sanitation — or ensure that teachers are equipped with the necessary learning materials for classroom work.

Programme cooperation, 1995–1999

22. UNICEF cooperation in the Central Asian republics and Kazakhstan has been a combination of traditional and innovative development approaches. The "Mother and Child Health Forum" (MCH Forum) brings together health officials from all five countries and UNICEF technical expertise to: (a) evaluate results and establish area-wide strategies and country-specific approaches; and (b) coordinate technical meetings on issues of shared concern such as maternal and perinatal mortality, hygiene and sanitation, safe immunization practices, breastfeeding and anaemia. Specialized working groups have been set up to ensure continued networking and information exchange. The World Health Organization (WHO) has also been an important resource partner for the MCH Forum. The Forum lends itself as a model for replication in the areas of education and young people's development.

23. The Aral Sea project (ASPERA), another cross-national initiative, has generated support for primary health care, education and environmental sanitation to respond to the social aspects of the environmental disaster in the affected regions of Kazakhstan, Turkmenistan and Uzbekistan. Monitoring for ASPERA is carried out through operations centres which collect and make available updated information. The intersectoral approach will be used in responding to the socio-economic problems of the Semipalatinsk region.

24. In spite of some progress, limited access to modern publications and caution towards innovation affect the ability of professionals to conceive an effective path to improved development. Thus, UNICEF-supported publishing work has produced a series of manuals and handbooks for health and education specialists that cover a diverse range of issues, including children's rights, case management of the control of diarrhoeal diseases/ARI, safe immunization practices and hygiene education. Peace education has been introduced and coordinated area-wide. Materials and education techniques have initially been developed in Tajikistan, and later adapted to the circumstances of other countries.

25. The mobilization of local NGOs and local resources has been pivotal in the implementation of water and environmental sanitation activities. The strengthening of these partners offers an important example of the role that civil society can play in extending service provision and drawing greater public participation into its management. Water- and hygiene-related work has been adjusted to focus on vulnerable groups. Equipment and kits provided by UNICEF served as catalysts in support of water quality monitoring. International NGOs have also been effective partners in this area.

26. Capacity-building has been a key area of UNICEF technical support. Training in health, hygiene promotion and peace education, based on modern child-focused teaching methods, should continue on a cross-sectoral basis. Through a joint UNICEF/Kazakhstan Institute of Nutrition initiative, Kazakhstan has become a regional leader in actions for anaemia control: the fortification of flour with iron; weekly supplementation; nutrition education for dietary change; and research. This programme is a model of institutional capacity-building and can be applied area-wide. The manner

in which government partners have quickly integrated ARI initiatives into their national health programmes is also indicative of the capacity to take initiatives to scale.

27. The programme has also included a supply component aimed at bridging the gaps caused by the dislocation of national social sectors budgets. UNICEF supply assistance has gradually decreased, with government partners assuming increased responsibility. An example of this is the Vaccine Independence Initiative, supported by the Government of Japan and UNICEF, enabling Kazakhstan, Turkmenistan and Uzbekistan to achieve vaccine self-sufficiency by 2000. This success has motivated Governments to initiate similar financial mechanisms for the funding of other health activities.

28. Kyrgyzstan has completed the initial implementation report on the Convention on the Rights of the Child. The reporting process brought together partners in the Government, national NGOs and United Nations agencies in an interaction on child rights issues. This collaboration offers a model to other countries and societies in transition. In addition, winter emergency assistance to children in Kyrgyzstan has provided a cost-effective model for the rapid mobilization of integrated basic services for children and women and can be replicated in other disadvantaged regions of Central Asia.

Lessons learned

29. National partners deem it important that UNICEF continues working on the promotion of cost-effective holistic approaches to health, education and the social protection of young children, adolescents and women. Greater emphasis should be gradually placed on the parental and family roles in child enrichment, development and protection, as well as on the empowerment and education of communities, and the provision of the knowledge and skills necessary to cope effectively with their obligations for the rights of children.

30. UNICEF experience in the Aral Sea areas of Kazakhstan, Turkmenistan and Uzbekistan (direct assistance, empowerment of communities and professionals, promotion of an integrated approach towards child care and social planning) has also confirmed the importance of subnational outreach as a cost-effective and sustainable strategy. Cooperation in the Khatlon region of Tajikistan has shown that the protection of children and young people can be significantly enhanced if consideration is given to local practices and the capacity-building of local NGOs. Subnational programme activities, including monitoring of social conditions, should serve as a basis for innovative cross-sectoral development policies.

Programme strategy and objectives

31. The Central Asian republics and Kazakhstan will continue to share the following area-wide goals: (a) to support accessibility and efficiency of basic social services for children and women, including the development of innovative policies and cost-effective approaches; (b) to further develop and implement a rights-based integrated approach to the survival and development of children and adolescents; (c) to empower families and social sector professionals to act more effectively in support of child health, development, protection and participation by enhancing responsibility, knowledge and initiative; and (d) to support civil society development and capacity-building of national NGOs and institutions for children and women.

32. The programme strategy will involve a holistic and integrated approach to the survival, enrichment and well-being of young children, adolescents and women. Various intersectoral concerns and priorities related to children and women (health, education, sanitation, social protection, etc.) will be addressed in a convergent manner and through a life-cycle approach to the promotion of improved outcomes for children, with due attention to the political, economic, environmental, social and other factors affecting children's rights at certain stages of their life.

33. UNICEF cooperation will focus on the cross-cutting issues that span the stages of the life cycle, reflecting the social priorities and consequences of transition. These are: (a) maintenance of social safety nets and protection of the most vulnerable groups; (b) the situation of children separated from parents and children in institutions, the social marginalization of adolescents and the increasing number of single-parent households; (c) strengthening social education and the empowerment of families, mothers and parents, thus fostering greater participation in improving the situation of children and women; (d) strengthening institutional capacity to develop information and monitoring systems for social planning and policy development; and (e) advocacy for mobilizing resources to meet the needs of vulnerable groups of children and women in key areas. Based on the analysis of the life cycle, three main programme areas are proposed.

34. The *mother and child survival and protection* programme covers the first life cycle — from prenatal to 6 years old. This programme responds to the physical,

psychosocial and intellectual development needs of children in this very early stage of the life cycle, and to the specific needs of mothers. It seeks to reduce maternal and infant mortality and the prevalence of iron deficiency anaemia and IDD. Working with WHO and others, UNICEF will support the extension of the Integrated Management of Childhood Illness (IMCI) programme, coordinating this with the wide range of agencies responding to the returning threat of tuberculosis. Alternatives for improved early childhood care and development (ECCD) will be developed through the mobilization of families and communities. UNICEF will promote the survival and protection of women and newborns through universal access to safe immunization services and the training of professionals in neonatal care services. For both mothers and children, UNICEF will support interventions addressing micronutrient deficiencies, including intensified efforts to achieve universal salt iodization and the prevention of iron deficiency anaemia. Support will be provided to early childhood care in the family, working through existing community-based services and community groups to promote a practical awareness of children's rights through education for child health, nutrition and development.

35. For the next life cycle (6–12 years old), the *child enrichment* programme will respond to the growth and development needs of children, and will aim to reduce the growing number of primary school drop-outs and improve the quality of education. The programme will introduce the teaching of life skills in health and nutrition, hygiene and sanitation, tolerance and peace education. An overall priority will be assistance in the establishment of national education information and management systems, which will help to facilitate follow-up to Education for All (EFA) 2000. Attention will be given to the mobilization of teachers, parents and local authorities to work together to improve the maintenance of school facilities and the relevance of teaching programmes. This programme will also respond to the special needs and problems of children who are most adversely affected by societal changes brought about by the negative consequences of transition.

36. For the 13- to 18-year-old life cycle, the *young people's well-being* programme aims to promote and develop adolescent health, youth development and life skills in preparation for adulthood and responsible citizenship. Within the framework of the national healthy lifestyle programmes in most countries, UNICEF will seek to promote adolescent lifestyles that will include health services appropriate for young people, youth development and life skills. UNICEF will support the development of mechanisms to facilitate the participation of youth in their own development. This programme will also focus on the dissemination of healthy lifestyle messages and linking young people's groups with professional caregivers, media and NGOs.

Kazakhstan

Recommended programme cooperation, 2000–2004

Estimated annual expenditure
(In thousands of United States dollars)

	2000	*2001*	*2002*	*2003*	*2004*	*Total*
General resources						
Mother and child survival and protection	329	329	262	262	262	1 444
Child enrichment	193	193	261	261	263	1 171
Young people's well-being	197	197	197	197	197	985
Cross-sectoral costs	180	180	180	180	180	900
Subtotal	**899**	**899**	**900**	**900**	**902**	**4 500**
Supplementary funding						
Mother and child survival and protection	750	750	600	600	600	3 300
Child enrichment	300	300	450	450	450	1 950
Young people's well-being	450	450	450	450	450	2 250
Subtotal	**1 500**	**1 500**	**1 500**	**1 500**	**1 500**	**7 500**
Total	**2 399**	**2 399**	**2 400**	**2 400**	**2 402**	**12 000**

37. In Kazakhstan, the mother and child survival and protection programme will pursue an integrated approach towards the reduction of maternal, neonatal and infant mortality encompassing health, nutrition and social aspects. While IMCI, in partnership with WHO and the World Bank, and the expansion of anaemia prevention and control work will be priorities, UNICEF will pay careful attention to improved ECCD activities. Strong emphasis will be given to the dissemination of social education and communication messages directed to mothers and families.

38. Within the framework of the child enrichment programme, a greater priority will be given to education for development, bringing together education for tolerance, children's and women's rights, and health and hygiene education. Assistance will be provided to develop a national education monitoring system to formulate responses to the problem of increasing drop-outs. UNICEF will support the Government in the development of a mechanism to focus social assistance to the families and children most affected by reduced household incomes, unemployment and the disintegration of the social safety nets. In the severely degraded environments of the Aral Sea basin and the former nuclear weapons test site of Semipalatinsk, UNICEF will help to address the requirements of children in need of special protection measures.

39. Within the framework of the young people's well-being programme, UNICEF will advocate and provide technical support for the development of health counselling services and for improvement of services in the juvenile justice system. Particular attention will be paid to the increase in STDs and HIV/AIDS among young people. Child and adolescent health and hygiene promotion activities will be implemented within the context of the national healthy lifestyle programme and will be complemented with information dissemination, mobilization and the participation of young people.

Kyrgyzstan

Recommended programme cooperation, 2000–2004

Estimated annual expenditure
(In thousands of United States dollars)

	2000	*2001*	*2002*	*2003*	*2004*	*Total*
General resources						
Mother and child survival and protection	297	297	238	238	238	1 308
Child enrichment	220	220	279	280	281	1 280
Young people's well-being	120	120	120	120	120	600
Cross-sectoral costs	170	170	170	170	170	850
Subtotal	**807**	**807**	**807**	**808**	**809**	**4 038**
Supplementary funding						
Mother and child survival and protection	250	250	200	200	200	1 100
Child enrichment	150	150	200	200	200	900
Young people's well-being	100	100	100	100	100	500
Subtotal	**500**	**500**	**500**	**500**	**500**	**2 500**
Total	**1 307**	**1 307**	**1 307**	**1 307**	**1 309**	**6 538**

40. As a central theme in the mother and child survival and protection programme, UNICEF will maintain its support to EPI, with vaccine supply and the development of a sustainable financial mechanism to help the country gradually move from donor dependence to self-reliance. UNICEF will work in close collaboration with the Government, WHO and the United States Centers for Disease Control and Prevention to achieve and sustain polio eradication and measles control, and the implementation of safe immunization practices will be accelerated.

41. UNICEF will focus on the underlying social conditions influencing women's health. Technical assistance will be provided for the development of a national plan of action to mobilize resources for the prevention and treatment of complications in pregnancy and to ensure safe delivery practices.

42. Addressing micronutrient deficiencies, the strategy to support anaemia prevention and control will include iron fortification of wheat flour, weekly protocols for iron supplementation for women of child-bearing age and children under two years old, education for better nutrition practices, and expansion of monitoring and evaluation systems nationwide. UNICEF will continue to provide technical and material support to salt iodization and may develop protocols for iodine supplementation for critical cases among children living in remote high altitude locations.

43. The problem of school drop-outs is recognized as a key issue affecting children's rights. Within the child enrichment programme, efforts will be made to address the key causes of dropping out, strengthen tracking mechanisms to identify vulnerable families, and seek to improve the quality of basic health and other social services available to these groups.

44. UNICEF will seek to engage a broad alliance of governmental and non-governmental organizations in addressing the problems associated with children in need of special protection measures, in particular seeking alternative family-centred approaches to institutionalized care and opportunities for the educational reintegration of out-of-school children. This element of the young people's well-being programme will build on alliances with the United Nations Development Programme, Save the Children Fund (United Kingdom) and local partners.

Tajikistan

Recommended programme cooperation, 2000–2004

Estimated annual expenditure
(In thousands of United States dollars)

	2000	*2001*	*2002*	*2003*	*2004*	*Total*
General resources						
Mother and child survival and protection	399	415	332	332	332	1 810
Child enrichment	465	440	524	526	529	2 484
Young people's well-being	120	125	125	125	125	620
Cross-sectoral costs	230	234	234	234	234	1 166
Subtotal	**1 214**	**1 214**	**1 215**	**1 217**	**1 220**	**6 080**
Supplementary funding						
Mother and child survival and protection	150	150	120	120	120	660
Child enrichment	105	105	135	135	135	615
Young people's well-being	45	45	45	45	45	225
Subtotal	**300**	**300**	**300**	**300**	**300**	**1 500**
Total	**1 514**	**1 514**	**1 515**	**1 517**	**1 520**	**7 580**

45. Despite the difficulties of the aftermath of war, the programme will seek to build on past achievements for improved social services and children's rights. Service delivery will be complemented with capacity-building at the subnational level and the strengthening of community support networks.

46. The focus in the area of mother and child survival and protection will be on reducing maternal and neonatal mortality, with a special emphasis on safe home deliveries and IMCI, the latter in partnership with WHO. Support to breastfeeding and the Baby-Friendly Hospital Initiative (BFHI) will continue. UNICEF will support community-based health communication, essential national health research, and the development and management of human resources. UNICEF will help to address iron deficiency in women and children through nutrition education, iron supplementation and flour fortification. Support to immunization will focus on vaccine provision, disease control strategies and safe immunization practices.

47. In line with national peace-building efforts, technical assistance to education will be introduced in the context of child rights education for tolerance, conflict resolution and citizenship as part of the child enrichment programme. Health, hygiene and nutrition education will be integrated into the curriculum. UNICEF will provide support in setting up a functional mechanism for coordinating the complementary inputs and assistance to peace education. Schools will continue to be the priority for increasing access to clean water. Slow sand filters and other technologies will be promoted in rural areas.

48. UNICEF will continue to collaborate with existing networks in ensuring the protection of the rights of children separated from families, children who were conscripted for war-related activities, abandoned children and children in institutions. As part of the young people's well-being programme, UNICEF will assist in the re-establishment of youth centres that provide services for the development and participation of young people (health, recreation and leisure, and vocational training), as well as for involvement in community-oriented activities. UNICEF will initiate partnerships with youth organizations and media in promoting young people's participation.

Turkmenistan

Recommended programme cooperation, 2000–2004

Estimated annual expenditure
(In thousands of United States dollars)

	2000	*2001*	*2002*	*2003*	*2004*	*Total*
General resources						
Mother and child survival and protection	309	309	247	247	247	1 359
Child enrichment	188	188	250	251	252	1 129
Young people's well-being	185	185	185	185	185	925
Cross-sectoral costs	175	175	175	175	175	875
Subtotal	**857**	**857**	**857**	**858**	**859**	**4 288**
Supplementary funding						
Mother and child survival	125	125	80	80	80	490
Child enrichment	50	50	95	95	95	385
Young people's well-being	75	75	75	75	75	375
Subtotal	**250**	**250**	**250**	**250**	**250**	**1 250**
Total	**1 107**	**1 107**	**1 107**	**1 108**	**1 109**	**5 538**

49. In Turkmenistan, the programme will focus on service delivery, advocacy and capacity-building in the areas of women's and children's survival and development, child enrichment and adolescent participation.

50. Maternal and neonatal mortality reduction and IMCI will be the main health focus of the mother and child survival and protection programme. Support to breastfeeding and BFHI will continue, with the aim of achieving the certification of 50 per cent of the facilities. A national anaemia project will address the problem of iron deficiency in women and children under two years of age. Assistance in immunization will focus on disease control strategies and safe immunization practices, as Turkmenistan is expected to be self-sufficient in procuring vaccines by 2000.

51. Monitoring of social changes in the situation of children and women as a consequence of transition and the reform process will become an important component of the overall country strategy. This will also include the development of an early warning system on school drop-outs. Follow-up to EFA 2000, focused on the maintenance of school enrolment and the relevance of education at a time of rapid transition, will be a major focus of the child enrichment programme. The development of monitoring capacities will also be a key element of the young people's well-being programme, tracking the health status of youth in Turkmenistan.

Uzbekistan

Recommendation concerning an additional allocation from general resources to fund the approved country programme, 1995–1999

52. The current country programme for Uzbekistan, covering the period 1995–1999, was approved by the Executive Board in 1995, with an allocation of $6,250,000 from general resources and $20,000,000 in supplementary funds (E/ICEF/1995/P/L.25). The planing level was adjusted during the programme period. As a result, an allocation of $278,515 from general resources is required to finance the programme for the approved period.

Annual funding requirement
(In United States dollars)

Current programme cycle	*Approved general resources funding*	*Additional funding proposed*
1995–1999	$ 6,250,000	$278,515

Recommended programme cooperation, 2000–2004

Estimated annual expenditure
(In thousands of United States dollars)

	2000	*2001*	*2002*	*2003*	*2004*	*Total*
General resources						
Mother and child survival and protection	533	533	426	426	426	2 344
Child enrichment	458	458	566	569	575	2 626
Young people's well-being	320	320	320	320	320	1 600
Cross-sectoral costs	300	300	300	300	300	1 500
Subtotal	**1 611**	**1 611**	**1 612**	**1 615**	**1 621**	**8 070**
Supplementary funding						
Mother and child survival	1 250	1 250	1 000	1 000	1 000	5 500
Child enrichment	500	500	750	750	750	3 250
Young people's well-being	750	750	750	750	750	3 750
Subtotal	**2 500**	**2 500**	**2 500**	**2 500**	**2 500**	**12 500**
Total	**4 111**	**4 111**	**4 112**	**4 115**	**4 121**	**20 570**

53. While seeking to improve the monitoring of changes in the situation of children and women, UNICEF will continue assistance to service delivery and capacity-building of national governmental and NGO partners. Attention will be devoted to the development and promotion of the rights-based approach to programme planning and implementation, which will also encompass the Convention on the Elimination of All Forms of Discrimination against Women. Within the mother and child survival and protection programme, priority will be given to the development of maternal care and IMCI packages in Karakalpakstan in partnership with WHO. UNICEF will continue to supply salt iodization equipment, as well as blending equipment with fortificant for anaemia prevention.

54. Responding to the problems faced by the education system, the child enrichment programme will support technical and supply assistance to set up a national tracking system for school drop-outs at the primary level. Education for tolerance will be introduced in targeted schools in the Fergana Valley — an area of rich diversity in a region that has seen conflict in neighbouring countries. UNICEF will aim at incorporating basic health and hygiene messages into regular classroom activity. UNICEF will collaborate with the Ombudsman's office to establish a system for gender analysis within the context of the Convention on the Elimination of All Forms of Discrimination against Women.

55. In support of the Presidential Healthy Lifestyles programme, the young people's well-being programme will provide assistance towards building alliances among governmental agencies, media, Parliament and civil society. UNICEF will support youth-friendly social services. Special attention will be focused on information dissemination and the creation of coordinating mechanisms, in conjunction with other United Nations organizations, Government and NGOs, to focus attention on rights issues. Initiatives will be undertaken to orient the juvenile justice system and the police in understanding their obligations in the context of the Convention on the Rights of the Child.

Monitoring and evaluation

56. The progress and results of programmes in each country, as well as the area-wide activities, will be monitored in cooperation with the national and international partners concerned, including the UNICEF International Child Development Centre in Florence for the MONEE reports, which are used for monitoring the social conditions during the transition in Eastern Europe. Within the MONEE project in the Central Asian republics and Kazakhstan, special attention will be paid to supporting national statistical committees and social sector ministries, and to the further involvement of local authorities, and research and public institutions in the monitoring process. Civil society institutions will also be involved where relevant. Several MONEE-generated social indicators, including on family structure, reproductive behaviour, social expenditure, income distribution and poverty will be adapted to the subnational level and introduced in selected regions.

57. Area-wide and country-specific evaluation activities will be designed to measure specific results arising from cooperation activities related to the core of new programme design built around a combination of the rights-based framework and life cycle approach. Special attention will be given to qualitative indicators on the status and rights of women, children and specifically adolescents. These include maternal anaemia, the number of abortions/live births among women of reproductive age, primary enrolment rates, gender differences in third grade drop-out rates, standards related to the Convention on the Rights of the Child in the justice system, and children in institutional care and adopted annually, etc. Cooperation in preventing iron deficiency anaemia and the conclusion of the Vaccine Independence Initiative in three countries will be subject to external evaluation. An integrated monitoring and evaluation plan for 2000–2004 will be prepared for use by programme partners in adjusting the programme through the five-year period.

Cooperation with partners

58. The country programmes will be implemented in close cooperation with the Governments, bilateral donor agencies, and national and international NGOs. Within the United Nations system, UNICEF will contribute to the development of the resident coordinator system and support priority complementary programmes in the social development and protection sectors, including on HIV/AIDS, already the subject of an initiative with the United Nations Educational, Scientific and Cultural Organization and the Joint and Co-sponsored United Nations Programme on HIV/AIDS; civil society empowerment; poverty reduction; birth spacing; safe motherhood; direct assistance to the most vulnerable regions; education tracking systems; and social monitoring.

Emergency preparedness

59. In the Central Asia and Kazakhstan area, which has already endured many environmental calamities such as flooding, earthquakes and man-made disasters, emergency preparedness will continue to be an important programme design element. In addition to the Aral Sea and Semipalatinsk, there are many problems that have so far not achieved the same publicity and attention. These include the industrial or agricultural pollution of rivers and water supplies, and atmospheric pollution. In view of the fluid nature of such hazards, UNICEF will monitor these closely, tracking the implications for children and women in particular, and updating emergency plans accordingly, in association with the United Nations system. A response to the needs of post-war rehabilitation will remain a strong theme of programme activities in Tajikistan.

Programme management

60. The area-based approach, used in the Central Asian republics and Kazakhstan since UNICEF began work there, will continue to form the basis of programme management and operations. The Area Office, including an area representative and programme and operations staff working as a team, will support offices in Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan, and will manage the country programme for Kazakhstan. In 1998, the premises for the Area Office were provided in Almaty by the Government of Kazakhstan. The programme team in the Area Office has been restructured to reflect the life-cycle approach towards the realization of children's rights, upon which the programme concept and implementation schemes have been designed.

BASIC DATA
(1997 unless otherwise stated)

	Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
Child population (millions, under 18 years)	5.7	2.0	2.9	1.9	10.5
U5MR (per 1,000 live births)	44	48	76	78	60
IMR (per 1,000 live births)	37	38	56	57	46
Underweight (% moderate and severe)	8 a/	..	..	..	19 b/
Maternal mortality rate (per 100,000 live births)	70 b/	65 b/	85 b/	110 b/	21
Literacy (% male/female)	100/99 a/	99/95 a/	99/98 a/	99/97 c/	100/100 a/
Primary school enrolment (% net, male/female)	../..	99/95 a/	../..	81/80* a/	../..
Primary school children reaching grade 5 (%)	..	92 d/	..	..	..
Access to safe water (%)	93 a/	71 a/	60 d/	74 a/	90 b/
Routine EPI vaccines financed by Government (%)	37	..	..	16	33
GNP per capita (US$)	1 340	440	330	630	1 010
One-year-olds fully immunized against (%):					
tuberculosis	99	99	99	97	97
diphtheria/pertussis/tetanus	97	95	95	98	96
measles	92	85	95	100	88
poliomyelitis	100	95	92	99	97
Pregnant women immunized against tetanus (%)	..	..	..	..	..

* Net primary school attendance.

a/ 1995.
b/ 1996.
c/ 1989.
d/ 1994.

E/ICEF/1996/P/L.15/Add.1

TABLE

COUNTRY : KAZAKHSTAN
PROGRAME : 2000-2004

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
MOTHER, CHILD SURVIVAL & PROTECTIO	1,444,000			1,444,000	0	0	0	1	1	0	2	2	1	5	1,500,158	723,564	2,223,722
CHILD ENRICHMENT	1,171,000			1,171,000	0	0	0	0	1	0	1	0	2	3	673,662	242,018	915,680
YOUNG PEOPLE WELL BEING	985,000			985,000	0	0	0	1	0	0	1	1	2	4	826,496	472,882	1,299,378
CROSS-SECTORAL COSTS	900,000			900,000	0	0	0	1	1	0	2	0	2	4	1,500,158	325,924	1,826,082
TOTAL GR	4,500,000			4,500,000	0	0	0	3	3	0	6	3	7	16	4,500,474	1,764,388	6,264,862
SUPPLEMENTARY FUNDING :																	
MOTHER, CHILD SURVIVAL & PROTECTIO		0	3,300,000	3,300,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD ENRICHMENT		0	1,950,000	1,950,000	0	0	0	0	0	0	0	0	0	0	0	0	0
YOUNG PEOPLE WELL BEING		0	2,250,000	2,250,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	7,500,000	7,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	4,500,000	0	7,500,000	12,000,000	0	0	0	3	3	0	6	3	7	16	4,500,474	1,764,388	6,264,862
SUPPORT BUDGET			Operating costs														
			Staffing	1,128,315	0	1	1	1	0	1	4	0	8	12	3,289,288	1,528,124	4,817,412
GRAND TOTAL (GR + SF + SB)					0	1	1	4	3	1	10	3	15	28	7,789,762	3,292,512	11,082,274
Number of posts and staff costs:																	
Current programme cycle											11	2	15	28			
At the end of proposed programme cycle (indicative only)											10	3	15	28	7,789,762	3,292,512	11,082,274

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

TABLE

COUNTRY : KYRGYSTAN
PROGRAME : 2000-2004

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
MOTHER, CHILD SURVIVAL & PROTECTIO	1,308,000			1,308,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD ENRICHMENT	1,280,000			1,280,000	0	0	0	0	0	0	0	0	0	0	0	0	0
YOUNG PEOPLE WELL BEING	600,000			600,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	850,000			850,000	0	0	0	0	0	0	0	1	3	4	0	233,768	233,768
TOTAL GR	4,038,000			4,038,000	0	0	0	0	0	0	0	1	3	4	0	233,768	233,768
SUPPLEMENTARY FUNDING :																	
MOTHER, CHILD SURVIVAL & PROTECTIO		0	1,100,000	1,100,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD ENRICHMENT		0	900,000	900,000	0	0	0	0	0	0	0	0	0	0	0	0	0
YOUNG PEOPLE WELL BEING		0	500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	2,500,000	2,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	4,038,000	0	2,500,000	6,538,000	0	0	0	0	0	0	0	1	3	4	0	233,768	233,768
SUPPORT BUDGET			Operating costs	654,965													
			Staffing		0	0	0	1	0	0	1	1	2	4	855,778	178,813	1,034,591
GRAND TOTAL (GR + SF + SB)					0	0	0	1	0	0	1	2	5	8	855,778	412,581	1,268,359
	Number of posts and staff costs:																
	Current programme cycle										1	2	5	8			
	At the end of proposed programme cycle (indicative only)										1	2	5	8	855,778	412,581	1,268,359

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

E/ICEF/1999/P/L.15/Add.1

TABLE

COUNTRY : TAJIKISTAN
PROGRAMME : 2000-2004

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
MOTHER, CHILD SURVIVAL & PROTECTIO	1,810,000			1,810,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD ENRICHMENT	2,484,000			2,484,000	0	0	0	0	0	0	0	0	0	0	0	0	0
YOUNG PEOPLE WELL BEING	620,000			620,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	1,166,000			1,166,000	0	0	0	0	1	0	1	1	4	6	576,990	226,487	803,477
TOTAL GR	6,080,000			6,080,000	0	0	0	0	1	0	1	1	4	6	576,990	226,487	803,477
SUPPLEMENTARY FUNDING :																	
MOTHER, CHILD SURVIVAL & PROTECTIO		0	660,000	660,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD ENRICHMENT		0	615,000	615,000	0	0	0	0	0	0	0	0	0	0	0	0	0
YOUNG PEOPLE WELL BEING		0	225,000	225,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	1,500,000	1,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	6,080,000	0	1,500,000	7,580,000	0	0	0	0	1	0	1	1	4	6	576,990	226,487	803,477
SUPPORT BUDGET	Operating costs			577,425													
	Staffing				0	0	0	1	0	0	1	1	2	4	662,795	155,613	818,408
GRAND TOTAL (GR + SF + SB)					0	0	0	1	1	0	2	2	6	10	1,239,785	382,100	1,621,885
	Number of posts and staff costs:																
	Current programme cycle										2	2	6	10			
	At the end of proposed programme cycle (indicative only)										2	2	6	10	1,239,785	382,100	1,621,885

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

TABLE

COUNTRY : TURKMENISTAN
PROGRAME : 2000-2004

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
MOTHER,CHILD SURVIVAL & PROTECTION	1,359,000			1,359,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD ENRICHMENT	1,129,000			1,129,000	0	0	0	0	0	0	0	0	0	0	0	0	0
YOUNG PEOPLE WELL BEING	925,000			925,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	875,000			875,000	0	0	0	0	0	0	0	1	3	4	0	263,116	263,116
TOTAL GR	4,288,000			4,288,000	0	0	0	0	0	0	0	1	3	4	0	263,116	263,116
SUPPLEMENTARY FUNDING :																	
MOTHER,CHILD SURVIVAL & PROTECTION		0	490,000	490,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD ENRICHMENT		0	385,000	385,000	0	0	0	0	0	0	0	0	0	0	0	0	0
YOUNG PEOPLE WELL BEING		0	375,000	375,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	1,250,000	1,250,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	4,288,000	0	1,250,000	5,538,000	0	0	0	0	0	0	0	1	3	4	0	263,116	263,116
SUPPORT BUDGET		Operating costs		464,490													
		Staffing			0	0	0	1	0	0	1	1	2	4	713,752	187,079	900,831
GRAND TOTAL (GR + SF + SB)					0	0	0	1	0	0	1	2	5	8	713,752	450,195	1,163,947
	Number of posts and staff costs:																
	Current programme cycle										1	2	5	8			
	At the end of proposed programme cycle (indicative only)										1	2	5	8	713,752	450,195	1,163,947

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SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

E/ICEF/1999/P/L.13/Add.1

TABLE

COUNTRY : UZBEKISTAN
PROGRAME : 2000-2004

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
MOTHER, CHILD SURVIVAL & PROTECTIO	2,344,000			2,344,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD ENRICHMENT	2,626,000			2,626,000	0	0	0	0	0	0	0	0	0	0	0	0	0
YOUNG PEOPLE WELL BEING	1,600,000			1,600,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	1,500,000			1,500,000	0	0	0	0	0	0	0	1	3	4	0	387,267	387,267
TOTAL GR	8,070,000			8,070,000	0	0	0	0	0	0	0	1	3	4	0	387,267	387,267
SUPPLEMENTARY FUNDING :																	
MOTHER, CHILD SURVIVAL & PROTECTIO		0	5,500,000	5,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD ENRICHMENT		0	3,250,000	3,250,000	0	0	0	0	0	0	0	0	0	0	0	0	0
YOUNG PEOPLE WELL BEING		0	3,750,000	3,750,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	12,500,000	12,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	8,070,000	0	12,500,000	20,570,000	0	0	0	0	0	0	0	1	3	4	0	387,267	387,267
SUPPORT BUDGET	Operating costs			386,315													
	Staffing				0	0	0	1	0	0	1	1	2	4	892,660	286,697	1,179,357
GRAND TOTAL (GR + SF + SB)					0	0	0	1	0	0	1	2	5	8	892,660	673,964	1,566,624
	Number of posts and staff costs:																
	Current programme cycle										1	2	5	8			
	At the end of proposed programme cycle (indicative only)										1	2	5	8	892,660	673,964	1,566,624

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FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.